Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05-26-2010</u>	Address:	119 W WAYNE ST
Case #:	<u>22F45825</u>		KENDALLVILLE, IN.
County:	NOBLE		<u>46755</u>
Type of La	nboratory Seizure (check one)	Seizure Location (check all that apply)
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: <u>TRASH PULL</u>
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): TRASH CAN			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): TRASH CAN			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> le/Pseudoephedrine Tracking Log erchant Tip ENDALLVILLE PD
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: KENDALLVILLE FD	Fax: E-M	
Health Department: NOBLE CO		Fax: <u>E-MAILED</u> Fax:	
Child Prote	ection Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MIKE TOLES Phone 260-432-8661			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.